08654

08650

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 1 yr. 8 mo. 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 218 E. Lafayette

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) ADAMS
4. DATE OF DEATH: (Month) 9- (Day) 29- (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 6-12-1868
9. AGE last birthday: 86 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Short
14. MOTHER'S MAIDEN NAME: Elizabeth Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: C. Hamilton Adams 3501 St. Paul St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Cerebral Hemorrhage — 7 Days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis — Several Years

(c) Chronic Endocarditis — " "

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. General + Cerebral Arteriosclerosis — " "

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-, 1953, to 9-29-, 1954, that I last saw the deceased alive on 9-28-, 1954, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands, M.D. — ADDRESS Laurel Sanitorium, Laurel, Md. — DATE SIGNED 9-29-54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial — DATE 10/2/54 — NAME OF CEMETERY OR ~~CREMATORY~~: London Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 9/30/54 — REGISTRAR'S SIGNATURE C W Frederick

24. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

MARYLAND 08655

08651

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md 38
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Heights
STREET ADDRESS (If rural, give location) 706 - 61st Ave.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Addison

4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1954

5. SEX M

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH ?

9. AGE last birthday 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592.X

Immediate cause (a) Uremia — 1 wk.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic glomerular Nephritis — 3 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1954, to 9/18, 1954, that I last saw the deceased alive on 9/18, 1954, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE Samuel J. Kruger (Degree or title) M.D. ADDRESS 708 Rainier Md DATE SIGNED 9/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 9/18/54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, Town, or County) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 9/18/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Stewart Funeral Home ADDRESS Wash. D.C.

RECEIVED
SEP 22 1954
BUREAU V. S.

08656

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08652

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 6002 Annapolis Road.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Allen

4. DATE OF DEATH (Month) Sept (Day) 1. (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	11-2-1904	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cement finisher	Construction	Georgia	USA

13. FATHER'S NAME: Unk

14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes.	WW II	266 01 3102	Lousie Gilbert - 6002 Annapolis Rd. Bladensburg. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary sclerosis -	
	DUE TO (c) Cardiovascular renal disease.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 9-1-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9-1-54	John T. Rhines Funeral Home	901-3rd St. S.W. Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-1-54	Amanda Stoney	J. T. Rhines	901-3rd St. S.W. Washington, D.C.

RECEIVED
SEP 7 1954
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08691

08653

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural)

LENGTH OF STAY (in this place): 8 mos., & 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D.C. — COUNTY: —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 1109 4th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Allen,	Henry	F.	9	6	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Divorced	1/24/14	40 yrs.	7	13	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Bu. of Engraving & Printing	Edgefield, S. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Allen	Mary Ella Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subarachnoid Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 10 months

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-53, to 9/6, 1954, that I last saw the deceased alive on 9/6, 1954, and that death occurred at 1.55 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Lee Freeman	M. D.	Glenn Dale Hospital, Glenn Dale, Md.	9/6/54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	9/11/54	Woodlawn Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/7/54		The District Madkeeping	1709 Vermont Ave. N.W. Washington, D.C.

RECEIVED
SEP 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08654

08643

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE. MD.; LENGTH OF STAY (in this place) 15; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5900-40th AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGES; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE 15—; STREET ADDRESS (If rural give location) 5900-40th AVE.

3. NAME OF DECEASED: (First) ESTHER (Middle) (Last) BOCHENEK

4. DATE OF DEATH: (Month) SEPT. (Day) 22 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: UNKNOWN

9. AGE last birthday: 55 ? yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ZALMAN YUTER

14. MOTHER'S MAIDEN NAME: DORA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: KALMAN BOCHENEK 5900-40th AVE, HYATTSVILLE, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Generalized carcinomatosis — Interval Between Onset And Death: 8 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of sigmoid Colon — 2 yr.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1954, to 9-22, 1954, that I last saw the deceased alive on 9-22, 1954, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE L.N. Bauer MD (Degree or title) ADDRESS Hyattsville Md. DATE SIGNED 9-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF 9-23-54; NAME OF CEMETERY OR CREMATORY GEO. WASH-MEM CEM.; LOCATION (City, town, or county) (State) HYATTSVILLE. MD.

DATE REC'D BY LOCAL REGISTRAR 9/22/54; REGISTRAR'S SIGNATURE Amanda Downey Mrs. Jas. Dorsey Deputy Reg.

24. FUNERAL DIRECTOR Goldberg Funeral Home; ADDRESS 4217-9th St NW Wash D.C.

RECEIVED
SEP 27 1954
BUREAU V. S.

MARYLAND 08657

08655

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mitchellville
STREET ADDRESS (If rural, give location): Box 121.

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (W)

8. DATE OF BIRTH: 10-6-82

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mid. wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X

Immediate cause (a) Pulmonary congestion & edema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho pneumonia

(c) Cholelithiasis

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3 1954 to 9-15, 1954 that I last saw the deceased alive on 9-15, 1954, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE: Samuel J. Neuger (Degree or title) MD ADDRESS: Mt Rainier, Md DATE SIGNED: 9/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: 9-17-54

NAME OF CEMETERY OR CREMATORY: Holy Family Cem.

LOCATION (City, town, or county) (State): Woodmore Md.

DATE RECD BY LOCAL REG.: Sept 15-1954

REGISTRAR'S SIGNATURE: Cecelia Downey

24. FUNERAL DIRECTOR: H. S. Washington Fun. Home

ADDRESS: 467 N St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
SEP 20 1934
BUREAU V. S.

08692

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 08656

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4714 Sunset Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P G
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4714 Sunset Lane

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Cullen (Last) Bryant

4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Feb 6, 1907

9. AGE last birthday: 47 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Carroll Bryant

14. MOTHER'S MAIDEN NAME: Emma Revere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 577-01-3240

17. INFORMANT & ADDRESS: Bertie Bryant, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D Ross M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/30/54

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. Sept 28 1954

REGISTRAR'S SIGNATURE Carrie F. Andrews

24. FUNERAL DIRECTOR J. Wm. Lee Sons Co - D.C. ADDRESS

SEP
BUREAU V.

MARYLAND 08658

08657

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
MARYLAND
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4209 Kennedy Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Lillian (Louise) (Last) Burdette

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 20, 1882

9. AGE last birthday: 72 yrs.
If under 1 year: Months. Days
If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Leonard Town Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edgar - Brewer

14. MOTHER'S MAIDEN NAME: Ada - Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Daughter: Mrs. Ethel Fisher 1054 W. Va. Ave. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Post operative hemorrhage, shock — Interval between onset and death: 48 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) & circulatory & renal failure

(c) Carcinoma of cervix c extension into the pelvic cavity — 5-6 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-21-54

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cervix c extension

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1954, to 9-23, 1954, that I last saw the deceased alive on 9-22, 1954, and that death occurred at 8 35 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. W. Wilkinson MD

ADDRESS: 4404 Queensbury Road Riverdale

DATE SIGNED: 9-23 54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE: Sept. 27, 1954

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland, Maryland.

DATE REC'D BY LOCAL REG.: 9/24/54

REGISTRAR'S SIGNATURE: Mrs. Jas Devere (Deputy Local)

24. FUNERAL DIRECTOR: W. W. Chambers Co.

ADDRESS: 1400 Chapin St.

W.W. A.6 -

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08693

08658

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
LENGTH OF STAY (in this place) 1 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant.
STREET ADDRESS (If rural give location) 723 - 71st Ave

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Elizabeth (Last) Burke

4. DATE OF DEATH: (Month) Sept. (Day) 14. (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: March 16 1880 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph E Dove
14. MOTHER'S MAIDEN NAME: Ellenor Powell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None.
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: 1811 - 9st SE Ida J. Robertson, Wash D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL - VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (B) DUE TO (B) HYPERTENSIVE - CARDIO-VASCULAR — several years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) DISEASE & ARTERIOSCLEROSIS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER 13, 1954 to SEPTEMBER 14, 1954, that I last saw the deceased alive on Sept. 14, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE Max M. Herzberg M. D. ADDRESS 7016 - Greig St, Seat Pleasant DATE SIGNED 9-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 9-17-54 | NAME OF CEMETERY OR CREMATORY Forest Ville Cemetery | LOCATION (City, town, or county) (State) Forestville Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 14, 54 | REGISTRAR'S SIGNATURE Carrie J. Campbell | 24. FUNERAL DIRECTOR & ADDRESS Wm Lee's Sons & 300 - 4 St N.E. Washington D.C.

RECEIVED
SEP 1(
BUREAU V. S.

08659

MARYLAND

08659

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 4yrs.10mos.8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY Cabell
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntington
STREET ADDRESS (or rural, give location) 1026 - 11th St.

3. NAME OF DECEASED (Type or Print): (First) BEULAH (Middle) BEIRNE (Last) BURNS

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~ MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 8-21-1880

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew P. Beirne

14. MOTHER'S MAIDEN NAME: Elizabeth Caperton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Miss Jean Burns 1501-16th St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: Several Years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Endocarditis — " "

(c) General & Cerebral Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20-, 1949, to 9-28, 1954, that I last saw the deceased alive on 9-28- 1954, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands, M.D. ADDRESS Laurel Sanitarium, Laurel Md. DATE SIGNED 9-28-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept 28-54 | NAME OF CEMETERY OR CREMATORY — | LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR Sept 28-54 | REGISTRAR'S SIGNATURE M. Bradshaw

24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

RECEIVED
SEP 30 19
BUREAU V. S.

08644

MARYLAND STATE DEPARTMENT OF HEALTH

08660

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2H5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5504--44th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5504--44th Avenue

3. NAME OF DECEASED (Type or Print): (First) MILDRED (Middle) ANN (Last) CARROLL
4. DATE OF DEATH: (Month) (Day) (Year) September 11th 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: May 4th, 1896
9. AGE last birthday: 58 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Tax Consultant
11. BIRTHPLACE (State or foreign country): Herlock, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Wilson Carroll
14. MOTHER'S MAIDEN NAME: Eva Dail Conaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 577-46-9049
17. INFORMANT: Gladys R. Carroll, 5504--44th Avenue, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary tuberculosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 9-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 13/1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Pr.Geo.Md.

DATE REC'D BY LOCAL REG. Sept. 12 1954
REGISTRAR'S SIGNATURE Mrs. Jas Dressel (Deputy Reg.)

24. FUNERAL DIRECTOR ADDRESS
W.W.Chambers Company, Riverdale, Md.

RECEIVED
SEP 1
BUREAU V. S.

08661

MARYLAND 08660

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

3238

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beverly — LENGTH OF STAY (In this place) 2 da - 21 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 7225 Glenridge

3. NAME OF DECEASED (Type or Print): (First) MACK (Middle) Warren (Last) CARSON

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5-14-54

9. AGE last birthday: yrs. — If under 1 year: Months 3, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: MACK Warren Carson

14. MOTHER'S MAIDEN NAME: Sarah P. Drake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service) SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bilateral Hydronephrosis e Hydroureter

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Congenital Contracture of Bladder neck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1954, to 9/12, 1954, that I last saw the deceased alive on 9/11, 1954, and that death occurred at 8.20 A. m., from the causes and on the date stated above.

SIGNATURE Leonard L. Berman M.D. (Degree or title) ADDRESS DATE SIGNED 9/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Sept 14. 1954 — NAME OF CEMETERY OR CREMATORY St Johns Cemetery — LOCATION (City, town, or county) Bellerdle Md (State)

DATE REC'D BY LOCAL REG. 9/14/54 — REGISTRAR'S SIGNATURE Amanda Downey — 24. UNDERTAKER Fleischmann Hyattsville, Md — ADDRESS

MARYLAND 08661

08662

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Pr. Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 1252 - 67th Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Orian	James	Collier	Sept.	15	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M.	Col.	S	Aug. 27, 1954	yrs.		19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Collier	Annie Wideman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Hospital Records

9

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a). Multiple petechial Hemorrhages midbrain

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... Respiratory paralysis and collapse

(c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

I

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug. 27, 1954, to Sept. 15, 1954, that I last saw the deceased alive on Sept. 15, 1954, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C. H. Christensen MD	Cocoa Cola Bldg	9/15/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	9-16-54	Washington Funeral Home	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/16/54	Amanda Bowney	H. L. Washington & Sons	467 M St. NW Wash. DC

RECEIVED
SEP 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08663

08662 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-58

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md. - ; LENGTH OF STAY (in this place) Approx. 5 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier, Md.; STREET ADDRESS (If rural give location) 3805 - 33rd St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Crist

4. DATE OF DEATH: (Month) Sept. (Day) 28, (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 2/1/69

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Earl Crist

14. MOTHER'S MAIDEN NAME: Cristina Elizabeth Richie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-52-9626

17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSE (B) DUE TO Art. H.T. Disease — 15 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Penetrating gastric ulcer

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14, 1954, to 9/27, 1954, that I last saw the deceased alive on 9/27, 1954, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE Leon L Gallin ADDRESS M.D. 3827-34th St NW Rainier DATE SIGNED 9/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Oct. 1, 1954; NAME OF CEMETERY OR CREMATORY Fort Lincoln; LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 10/1/54; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS F Gascho Sons Hyattsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

08645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08664

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 33 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4917-40th Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 4917-40th Pl.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Devlin

4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1/7/01

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Wood Lath Corp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin Devlin

14. MOTHER'S MAIDEN NAME: Katherine Devine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I WW II

16. SOCIAL SECURITY NO.

17. INFORMANT: Grace Devlin Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Carcinoma	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the Ampulla of Vater	6 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 1954, to 9-7, 1954 that I last saw the deceased alive on 9-6, 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE: M D Bauer (Degree or title) M.D. ADDRESS: Hyattsville, Md. DATE SIGNED: 9-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9/10/54 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: Sept. 9 1954 | REGISTRAR'S SIGNATURE: Mrs. Jas. Devere Deputy Local Reg. | 24. FUNERAL DIRECTOR: F. Gascho Sons ADDRESS: Hyattsville Md.

BUREAU V. S.

08663

08665

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 hour.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pamplin
STREET ADDRESS (If rural, give location) Box 16 - Route #2

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Dews (Last)
4. DATE OF DEATH (Month) (Day) (Year) 9 - 19 - 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9-9-53
9. AGE last birthday: 1 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Anderson
14. MOTHER'S MAIDEN NAME: Mathe Belle Dews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: mother - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Laceration of brain
DUE TO
(c) Fractured skull.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street
21c. (City or town) Same (County) Pr. Geo. (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) 9-19-54 (Hour) 9:00 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Collision between 2 automobiles

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-23-54
NAME OF CEMETERY OR CREMATORY Church Cemetery
LOCATION (City, town, or county) Barnville (State) Va.

DATE REC'D BY LOCAL REG. 9/21/54
REGISTRAR'S SIGNATURE Amadee Downey
24. FUNERAL DIRECTOR John Rhine
ADDRESS 901 3rd St. S.W. Washington D.C.

08664

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08666

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (In this place) 2-0 a
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 406 - 57th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) Joseph (Last) Donahue

4. DATE OF DEATH (Month) (Day) (Year) 9 - 19 - 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 19, 1899

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pasturer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Donahue

14. MOTHER'S MAIDEN NAME: Kathleen Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Occlusion

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9-22-54

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town or county) (State) Hyatts, D.C.

DATE REC'D BY LOCAL REG. 9/20/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Donaldson & Hanlon

ADDRESS Wash. D.C.

VII. A15A - 5 - 53

08694

08667 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural Pine View Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Rural Pine View Lane

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Oscar (Last) Downing

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Jan 6, 1909 | 9. AGE last birthday: 45 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Downing
14. MOTHER'S MAIDEN NAME: Annie Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mae L. Dwoning, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and shock — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gun shot wound of the neck and head

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Clinton (County) P. G. (State) Md.
21d. TIME OF INJURY (Month) 9 (Day) 25 (Year) 54 (Hour) 4:30 P
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot self with a shot gun

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9/25/54

26. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept 28/54
NAME OF CEMETERY OR CREMATORY Bells Chapel
LOCATION (City, town, or county) (State) Camp Springs Md.

DATE REC'D BY LOCAL REG. Sept. 25. 1954
REGISTRAR'S SIGNATURE Carrie J. Campbell
24. FUNERAL DIRECTOR W. W. Chandler Co Wash. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08668

MARYLAND 08665

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

See: Birth Certificate

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly — LENGTH OF STAY (In this place): 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): District Heights
STREET ADDRESS (If rural, give location): 7618 Atwood St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Essex

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 54

5. SEX: Female F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9-4-54

9. AGE last birthday: yrs. — If under 1 year: Months. Days — If under 24 hrs: Hours 6½ Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Aloysius Essex

14. MOTHER'S MAIDEN NAME: Mary Joyce Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 19 54, to 9/4, 19 54, that I last saw the deceased alive on 9/4, 19 54, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William Brannin MD — ADDRESS: 6124 Central Ave, Capitol Hgts Md — DATE SIGNED: 9/7/54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: 9/9/54 — NAME OF CEMETERY OR CREMATORY: Prince Georges Memorial Park — LOCATION (City, Town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REG.: 9/10/54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Harry E. Pearson Jr. — ADDRESS: Hyatt

MARGIN RESERVED FOR BINDING

08695

08670 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Oaks LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liddison Rd & Sheriff Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 28-60 Ingraham St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Leander (Last) Edward Forrest
4. DATE OF DEATH (Month) 9 (Day) 24 (Year) 1954
5. SEX Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 27, 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Elevator Operator
10b. KIND OF BUSINESS OR INDUSTRY: Capt. House
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Forrest
14. MOTHER'S MAIDEN NAME: Hattie Brooks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.: 575-07-2967
17. INFORMANT & ADDRESS: Ruby V. Forrest - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Aortic insufficiency

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardio-vascular disease

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D Maloney (Hyattsville, md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-24-54 — NAME OF CEMETERY OR CREMATORY Johnson & Jenkins Funeral Home — LOCATION (City, town, or county) (State) 1702-12th St. N.W. Wash. D.C.

DATE REC'D BY LOCAL REG. 9/24/54 — REGISTRAR'S SIGNATURE Amanda Young — 24. FUNERAL DIRECTOR Johnson & Jenkins Funeral Home — ADDRESS As above.

08640

08671

MARYLAND

STATE DEPARTMETT OF HEALTH

2-30

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4605 Guilford Place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md.
STREET ADDRESS (If rural, give location) 4605 Guilford Place

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wesley (Last) Ball Good

4. DATE OF DEATH: (Month) Sept. (Day) 17, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 15, 1877

9. AGE last birthday: 77 years yrs. | If under 1 year: Months. Days | If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant Ohio State

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Issac H Good

14. MOTHER'S MAIDEN NAME: ? Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Eva May Good

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 1561 Carcinoma of Liver — Interval between Onset and Death: 3 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/25/54

19b. MAJOR FINDINGS OF OPERATION: as noted above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Natural

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10 54, to Sept 54, that I last saw the deceased alive on 9-12 54, and that death occurred at 9 40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robt. Eugene M.D. ADDRESS College Park, Md DATE SIGNED 9-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 9-20-54 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG. Sept 18 1954 | REGISTRAR'S SIGNATURE: John D Smith

24. FUNERAL DIRECTOR: H. Gardner Sons ADDRESS: Hyattsville, md.

08666

08672 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Route 301 (18 mi)

3. NAME OF DECEASED: (Type or Print) (First) Leon (Middle) (Last) Brown
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Single	2 June 1920	34				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Pr. Geo. Co. Schools	Md.	

13. FATHER'S NAME: Washington Brown
14. MOTHER'S MAIDEN NAME: Ida Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	?	Calvert Sellman - Bro. - same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) gunshot wound of neck	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY. In Road	21c. (City or town) Upper Marlboro	(County) Pg	(State) Md

21d. TIME OF INJURY (Month) 9 (Day) 19 (Year) 54 (Hour) 12 P.M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR? Shot with shot gun

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☑, Undetermined cause ☐.

SIGNATURE Samuel H Taylor M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 9-19-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	9-20-54	Washington Funeral Home	Washington	D.C.

DATE REC'D BY LOCAL REG. 9-19-54	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Amanda Downey	Henry S. Washington	467 N. St. N.W., Washington D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09660

MARYLAND 08667

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 10 days 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
STREET ADDRESS (If rural, give location): 273 - Brown Station

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Greenwell

4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 17, 1954

9. AGE last birthday: yrs. — If under 1 year: Months. Days: 1 — If under 24 hrs.: Hours: 10 — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Greenwell Joseph

14. MOTHER'S MAIDEN NAME: Buck, Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: mother - as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

750X

Immediate cause (a) Anencephalic Monster

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17/54, to 9/29/54, that I last saw the deceased alive on 9/19/54, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. A. Fenstermacher M.D. — ADDRESS: College Park — DATE SIGNED: 9/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: 10/10/54 — NAME OF CEMETERY OR CREMATORY: Prince Georges Gen. Hosp. — LOCATION (City, town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REG.: 11/2/54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Harry W. Penn Jr. — ADDRESS: Lyon

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08673

08668

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly — LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4800 Kittenhouse St.
STREET ADDRESS (If rural give location) Riverdale

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) [illegible] (Last) Griffin

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M — 8. DATE OF BIRTH: Nov 15 1897 — 9. AGE last birthday: 57 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist — 10B. KIND OF BUSINESS OR INDUSTRY: ERCO — 11. BIRTHPLACE (State or foreign country): Delaware — 12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: [illegible] Griffin — 14. MOTHER'S MAIDEN NAME: Viola B. Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) [illegible] — 16. SOCIAL SECURITY NO. ? — 17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — 7

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) GENERALIZED ARTERIOSCLEROSIS — 7
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25, 1954, to 9-26 1954, that I last saw the deceased alive on 9-26, 1954, and that death occurred at 2:15 P M, from the causes and on the date stated above.

SIGNATURE David A Clayman M.D. — ADDRESS Riverdale Md — DATE SIGNED 9-26-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept 29, 1954 — NAME OF CEMETERY OR CREMATORY Evergreen Cemetery — LOCATION (City, town, or county) Bladensburg. Md (State)

DATE REC'D BY LOCAL REGISTRAR 9/29/54 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS F Gaeske Sons Hyattsville, Md

08696

08674

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A-

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bowie
LENGTH OF STAY (in this place) Dramund
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowie Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ? COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ?
STREET ADDRESS (If rural, give location) ?

3. NAME OF DECEASED: (Type or Print) (First) Treat (Middle) (Last) Heath

4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 4-5-93 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ?
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.: 328-03-9308
17. INFORMANT & ADDRESS: Police Dept. Seat Pleasant, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary edema DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute congestive heart failure DUE TO (c) Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/9/54
NAME OF CEMETERY OR ~~CREMATORY~~ Evergreen
LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. Sept 9, 1954
REGISTRAR'S SIGNATURE Amanda Druhey
Sept. 11, 1954 Agnes M. Yingling
24. FUNERAL DIRECTOR F. Rascke Sons
ADDRESS Hyattsville Md

08697

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08675

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Geo. Co.
City or town: Clinton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince Geo.
City or town: Clinton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Clinton-Route 1 Box 724
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alberta Henderson

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	Colored	widow

6 (b) Name of husband or wife: Alexander Henderson
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 18, 1893

8. AGE: Years	Months	Days	If less than one day
61	7	8	hrs. min.

9. Birthplace: T.B., Prince Geo. Co., Md.
(Town, county, and state)
10. Usual occupation: Unemployed
11. Industry or business: House wife
FATHER 12. Name: Henry Pinkney
13. Birthplace: T.B., Md.
MOTHER 14. Maiden name: Minnie Hawkins
15. Birthplace: T.B., Md.
16. Informant: Preston Henderson
Address: 837 - 51st., N.E.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/30/54 (month) (day) (year)
Cemetery or crematory: Lincoln Mem. Cem.
Location: Suitland Md.
18. Funeral director: Kallins Funeral Home
Address: 4339 Hunt pl. N.E.
19. Sept 27 1954 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9.26 1954 at 11 P. M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9.25. 1954 to 9.26 1954
and that I last saw her alive on 9.26 1954

Immediate cause of death	DURATION
Cerebral Haemorrhage	2 days
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Luther J. Scott, M.D.
M. D. or other
Address: 2504 Nichols Ave S.C. Date signed 9-27-54

SEP
BUREAU V. S.

08669

(09670)

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town OR TOWN Cheverly, Md. | LENGTH OF STAY (in this place) 1 hr. 48 m.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location) 4211 Newton St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Hilton
4. DATE OF DEATH: (Month) Sept. (Day) 19, (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 19, 1954
9. AGE last birthday: yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours 1 | Min. 48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hilton, Edward
14. MOTHER'S MAIDEN NAME Lois Marie Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS mother - as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anencephalic monster

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19- 19 54 to 9-19 19 54, that I last saw the deceased alive on 9-19 19 54, and that death occurred at 7 55 P m., from the causes and on the date stated above.

SIGNATURE David S. Klayman, MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE 9/10/54 | NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp | LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 11/2/54 | REGISTRAR'S SIGNATURE Amanda Shumey | 24. FUNERAL DIRECTOR Harry W Lemon Sr | ADDRESS Hyatt

MARGIN RESERVED FOR BINDING

08651 08676

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ...ses of death clearly and le...ibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4207-29th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4207-29th Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	H.	Ischop	9 - 27 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Jan. 15, 1885	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Printing	Pennsylvania	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Adam Ischop.	Sarah Bowers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	579-01-8683	Frances Nottingham Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular renal disease	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-27-54

23. BURIAL, CREMATION, REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/29/54	Mt. Rose	York, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 28, 1954	Mrs Jas. Keene mm t.	Nalley's Funeral Home	3200-R.I. Ave. Mt. Rainier, Md.

OCT 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09675

08698

CERTIFICATE OF DEATH

Reg. Dist. No. 244

Items 2, 7, 11, 13, 14, Film G172 10-25-54 et

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews AFB, Wash 25, DC
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401st USAF Infirmary (MATS) Andrews AFB, Wash 25, DC

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE California COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxnard
STREET ADDRESS (If rural give location) 833 East "E" St.

3. NAME OF DECEASED: (Type or Print) (First) Hagime (Middle) A. (Last) Ishizuka

4. DATE OF DEATH: (Month) Sept (Day) 5 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: O

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1933

9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): airman

10b. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (State or foreign country): ✓

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Carmin Badilla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) ✓

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: USAF Military Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation DUE TO Accidental Drowning — Interval Between Onset And Death: Instant

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Swimming pool

(CITY OR TOWN) 16 Andrews AFB, Prince Georges, (COUNTY) (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 5, 1954 1900hrs

INJURY OCCURED While at Work ☐ Not While At Work ☐ /

HOW DID INJURY OCCUR? While swimming in airman's pool

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) 1st Lt, USAF (MC) ADDRESS Andrews AFB, Wash 25, DC DATE SIGNED 5 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify) 9-8-54 DATE THEREOF Samé NAME OF CEMETERY OR CREMATORY Private Cemetery LOCATION (City, Town, or county) Oxnard, (State) Calif.

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE Margaret E. Wilbur

24. FUNERAL DIRECTOR ✓ ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1954
BUREAU V. S.

MARYLAND 08670

08677

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Naylor
STREET ADDRESS (If rural, give location) Bx #81. Star Route

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Turner (Last) Jackson

4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 1954

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (M)

8. DATE OF BIRTH 3-22-[illegible]

9. AGE last birthday 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Charles Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Jackson

14. MOTHER'S MAIDEN NAME Susan Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS James Jackson, Naylor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 X

Immediate cause (a) Generalized Peritonitis due to rupture of intestine

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Kink of rt. colon c intestinal obstruction

(c) Recent gastrectomy for Carcinoma of stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9/6/54

19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5 ..., 1954, to 9/21 ..., 1954, that I last saw the deceased alive on 9/21 ..., 1954, and that death occurred at 1:45 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] R. Gaston M.D. 1746 K St N.W. Wash D.C. 9/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Sept. 25, 1954 NAME OF CEMETERY OR CREMATORY Newtown M.E. LOCATION (City or town) (County) (State) Adelphi Md.

DATE REC'D BY LOCAL REG. 9-25-54

REGISTRAR'S SIGNATURE H. L. Howard Amanda Downey mmd

24. FUNERAL DIRECTOR ADDRESS Hunter Dyson Waldorf Md.

SEP
BUREAU V. S.

08646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08678

CERTIFICATE OF DEATH

Reg. Dist. No. 2145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Geo. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4109 Oglethorpe St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville /
STREET ADDRESS (If rural, give location) 4109 Oglethorpe St.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) - (Last) JUSTER

4. DATE OF DEATH: (Month) SEPT. (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAR-23-1896

9. AGE last birthday: 58 3/4 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOOKEEPER

10b. KIND OF BUSINESS OR INDUSTRY: BUILDING

11. BIRTHPLACE (State or foreign country): N.Y. City

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MAX JUSTER

14. MOTHER'S MAIDEN NAME: RACHEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 193-18-9307

17. INFORMANT: WILLIAM W. JUSTER 714-KENNEDY ST. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Congestive heart failure — 10 yrs
(c) Arteriosclerotic Heart disease — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Sept. 26, 1954, that I last saw the deceased alive on Sept. 25, 1954, and that death occurred at 9.45 P.m., from the causes and on the date stated above.

SIGNATURE: Robert D. Jay (Degree or title) M.D. — ADDRESS: 1833 Monroe St N.E. Wash. D.C. — DATE SIGNED: Sept 26, 1954

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 9-27-1954 — NAME OF CEMETERY OR CREMATORY: Geo Wash Mem Park — LOCATION (City, town, or county) (State): Hyattsville Md.

DATE REC'D BY LOCAL REG.: 9/27/54 — REGISTRAR'S SIGNATURE: Amanda Downey Mrs. Jas. Powell Deputy Reg. — 9/28/54

24. FUNERAL DIRECTOR: Gawthrop Funeral Home — ADDRESS: 4217-9th St NW Wash. D.C.

08671

08679

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kansas City
STREET ADDRESS (If rural, give location) 8226 Cheverly St

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) (Last) Kennedy

4. DATE OF DEATH (Month) (Day) (Year) 9 — 4 — 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 7-10-09

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital records Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

302X

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-31-54, to 9-4-54, that I last saw the deceased alive on 9-4-54, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE and (Degree or title) Thos. E. Greene M.D. ADDRESS College Park, Md. DATE SIGNED 9-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) transportation | DATE 9-7-54 | NAME OF CEMETERY OR CREMATORY Brooklyn | LOCATION (City, town, or county) New York (State)

DATE REC'D BY LOCAL REGISTRAR 9/14/54 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR A. T. Bosch & Sons | ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

I

08652 08650

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4112-30th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4112-30th Street.

3. NAME OF DECEASED: (Type or Print) (First) Savvy (Middle) (King) (Last) Kimbrough

4. DATE OF DEATH (Month) (Day) (Year) 9-10-1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: 6-9-1954 | 9. AGE Last birthday: yrs. 0 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Clara Kimbrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mother 4112-30th St Mt Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Aspiration of food	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home | 21c. (City or town) Mt. Rainier (County) P. Geo. (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-10-54 M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Aspiration of food.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ | DATE SIGNED 9-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/13/54 | NAME OF CEMETERY OR CREMATORY Evergreen | LOCATION (City, town, or county) (State) Bladensburg, Md

DATE REC'D BY LOCAL REG. Sept. 13-1954 | REGISTRAR'S SIGNATURE Mrs. Jas. Severe | 24. FUNERAL DIRECTOR F. Pascha Sons, Hyattsville Md | ADDRESS

VS. A15A - 5 - 53

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SEP
JUNEAU A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0868

CERTIFICATE OF DEATH

Reg. Dist. No. 243

08609

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 yrs. 11 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1374 - C., St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H (Last) KLEIN

4. DATE OF DEATH: (Month) Sept (Day) 27th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divovced

8. DATE OF BIRTH: 3/30/82

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk, Govt.

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M. Klein

14. MOTHER'S MAIDEN NAME: Julia C. Rouff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-14-9053

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

148X

Immediate cause (a) Carcinoma of the Pharynx — Interval between onset and death: 5 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 4 yrs 8 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30th 1950, to Sept 27th 1954, that I last saw the deceased alive on Sept 27th 1954, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Lee Duncan M.D. Glenn Dale Hospital Glenn Dale Md. 9/28/54

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 9/28/54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 9/28/54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS J. Wm. Lee & Sons 4th & Maryland N.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-54

RECEIVED
OCT 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08682

08647

CERTIFICATE OF DEATH

Reg. Dist. No. 2145

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Woodlawn Hyattsville Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6926 Annapolis Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn Hyattsville, Md
STREET ADDRESS (If rural give location) 6926 Annapolis Rd

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Gerring (Last) Kline

4. DATE OF DEATH: (Month) Sept (Day) 27, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 30, 1894

9. AGE last birthday: 60 yrs

If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10B. KIND OF BUSINESS OR INDUSTRY: Washington Terminal

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Gerring Kline, Sr.

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) W.W

16. SOCIAL SECURITY NO. 719-03-1824

17. INFORMANT'S ADDRESS: Patricia Jean Kline, Woodlawn Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) DUE TO: Bronchial carcinomatosis.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO: Carcinoma of Rt lung.

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1.5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION: Carcinoma (metastatic) to scalp

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1953 to Sept 27, 1954, that I last saw the deceased alive on Sept 27, 1954, and that death occurred at 6 P. M, from the cause and on the date stated above.

SIGNATURE Robert E. Kline, M. D. ADDRESS Lanham, Md. DATE SIGNED Sept 27, 1954.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/30/54

NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 29 1954

REGISTRAR'S SIGNATURE: Mrs Jos Devere

24. FUNERAL DIRECTOR: F Gosch Sons ADDRESS: Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-

OCT 4

MARYLAND 08672

08683

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2 N 5

Item 9, Film G169 9-10-54 et

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Hgts.
STREET ADDRESS (If rural, give location) 8505 Cunningham Dr.

3. NAME OF DECEASED (Type or Print): (First) ~~Lucy~~ Ruth (Middle) Hamilton (Last) Keyh
4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1954

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 13, 1905
9. AGE last birthday 48 14/11 yrs.
If under 1 year: Months / Days
If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Kistler
14. MOTHER'S MAIDEN NAME Anna Jewell Etchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hosp records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (4434)	(a) Cerebral hemorrhage.	Immediate
Antecedent cause(s)	Hypertensive Heart Disease	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia.	2 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr ..., 1943, to Sept 3, 1954, that I last saw the deceased alive on Sept 3, 1954, and that death occurred at 2 25 p.m., from the causes and on the date stated above.

SIGNATURE Leo Nealen M D (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 9-3-54

23. BURIAL, CREMATION / REMOVAL (Specify) Buried
DATE 9-7-54
NAME OF CEMETERY OR CREMATORY Berry Wood Lawn Cemetery
LOCATION (City, town, or county) Hyattsville (State) Md.

DATE REC'D BY LOCAL REG. Sept. 5, 1954
REGISTRAR'S SIGNATURE Mrs. Jas Beverly (Deputy Local Reg.)
24. FUNERAL DIRECTOR E. Daniels & Son
ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08684

CERTIFICATE OF DEATH

08700

Reg. Dist. No. 14-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine — LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine, Md
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ward (Last) Hynch

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct 4, 1902

9. AGE Last birthday: 51 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): D. District Columbia

12. CITIZEN OF WHAT COUNTRY? Am

13. FATHER'S NAME: John Herman Hancock

14. MOTHER'S MAIDEN NAME: Elizabeth Sherwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Raymond Hynch - Brandywine, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Septicemia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Secondary infection from Metastatic Ca — DUE TO — 2 yr.

(c) Primary Ca - ? Breast

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1954, to Sept 6, 1954, that I last saw the deceased alive on Sept 6, 1954, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE Richard H. Dotson (Degree or title) M.D — ADDRESS Brandywine, Md — DATE SIGNED 9-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/9/54 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 8, 54 — REGISTRAR'S SIGNATURE Carrie F. Campbell — 24. FUNERAL DIRECTOR H. W. Chambers Co. — ADDRESS 517 11th St SE

RECEIVED
SEP 10 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08685

08673

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4317-39th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood; STREET ADDRESS (If rural give location) 4317-39th Place

3. NAME OF DECEASED: (Type or Print) (First) Jeanne (Middle) Marie (Last) Malone

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/16/51

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Howard Malone

14. MOTHER'S MAIDEN NAME: Marie Ellen Towers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: J. Howard Malone 4317-39th Place Brentwood Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14/54, 19—, to 9/16/54, 1954, that I last saw the deceased alive on 9/16, 1954, and that death occurred at 3.35 P.M., from the causes and on the date stated above.

SIGNATURE Joseph G. Duggan ADDRESS M.D. 4122-13th St. N.E. Wash. D.C. DATE SIGNED 9/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 9/18/54; NAME OF CEMETERY OR CREMATORY National Memorial Pk.; LOCATION (City, town, or county) (State) Falls Church, Va.

DATE REC'D BY LOCAL REGISTRAR Sept. 17, 1954; REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy Local Reg.

24. FUNERAL DIRECTOR Malloy's Funeral Home, Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier Md.

RECEIVED
SEP 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08687

08701 CERTIFICATE OF DEATH Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bradbury Hghts
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4319 Southern Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Hghts
STREET ADDRESS 4319 Southern Ave., (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ELOISE (Middle) CREES (Last) McCAULEY

4. DATE OF DEATH: (Month) SEPT. (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: March 18, 1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: School Teacher (Art)

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Linn Crees

14. MOTHER'S MAIDEN NAME: Mary (nee Schrader)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Joseph Howard McCauley 4319 Southern Av., Bradbury Hghts, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERNEPHROMA WITH METASTASIS. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: SEPT 14 1951

19b. MAJOR FINDINGS OF OPERATION: HYPERNEPHROMA OF LEFT OVARY

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Sept 1, 1954, that I last saw the deceased alive on Aug 31, 1954, and that death occurred at 9:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest C. Carnburn MD. ADDRESS 4400 Bowen Rd SE Wash DC DATE SIGNED 9/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/4/54

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 2. 1954

REGISTRAR'S SIGNATURE Carrie Campbell.

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowie Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY. (If outside corporate limits write RURAL and give nearest town) OR TOWN Burtonsville 15X-2
STREET ADDRESS (If rural, give location) None (3 yrs)

3. NAME OF DECEASED: (Type or Print) (First) Wm. (Middle) Oliver (Last) Merson
4. DATE OF DEATH (Month) September (Day) 13 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 6 May 1887 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Race horses
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas W. Merson
14. MOTHER'S MAIDEN NAME: Sarah Merson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Arthur Beall Laurel #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary thrombosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/15/54 | NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery | LOCATION (City, town, or county) (State) Laurel Md

DATE RECD BY LOCAL REG. Sept 15-54 | REGISTRAR'S SIGNATURE Mrs Ogura M. Fingling | 24. FUNERAL DIRECTOR DeWitt Donaldson | ADDRESS Laurel Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 5 1 4

08675

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(8568) Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 5

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rogers Heights
STREET ADDRESS (If rural, give location) 5000 Gallatin Place

3. NAME OF DECEASED: (First) William (Middle) H. (Last) Messer
(Type or Print)

4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-7-1906

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Attorney

11. BIRTHPLACE (State or foreign country): W. Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel G. Messer

14. MOTHER'S MAIDEN NAME: Anna Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auricular fibrillation — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 9-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 9/19/54

NAME OF CEMETERY OR CREMATORY Sanford

LOCATION (City, town, or county) Florida (State)

DATE REC'D BY LOCAL REG. 9/19/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Roach's Sons

ADDRESS Hyattsville, Md

08648

08690 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Hyattsville R.F.D. | LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Ridge Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Oak Ridge Lane

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Lee (Last) Miles
4. DATE OF DEATH (Month) (Day) (Year) 9-26-54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 5, 1954
9. AGE Last birthday: yrs. IF UNDER 1 YEAR: Months 1 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Edwin Miles
14. MOTHER'S MAIDEN NAME: Anna Mae Tinke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother — Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Marasma — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gastro-enteritis — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/29/1954
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 9/28/54
REGISTRAR'S SIGNATURE Mr Jas Lowe
24. FUNERAL DIRECTOR W. W. Chambers Co
ADDRESS 517-11 95th St. Wash. D. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

OCT 4
BUREAU

08676 08691

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (in this place) 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 619-61st Cresent

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 619-61st Cresent

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) May (Last) Moorman

4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Widowed | 8. DATE OF BIRTH: May 5, 1896 | 9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Luther L McCoy, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Emmet D. Boyd M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 9-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/15/54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Bladensburg, Md.

DATE REC'D BY LOCAL REG. Sept. 13, 1954 | REGISTRAR'S SIGNATURE Carrie F. Campbell | 24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co. 517 11th St. S.E.

202

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND 08677

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md
STREET ADDRESS (If rural, give location) 3900 Hamilton St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Mudd

4. DATE OF DEATH: (Month) Sept. (Day) 4, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 9/4/54

9. AGE last birthday: — yrs. (If under 1 year: Months. | If under 24 hrs: Days / Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leo F. Mudd

14. MOTHER'S MAIDEN NAME: Helen T. Custard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Hospital Records - Cheverly Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intrauterine Anoxia - Cause undetermined

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 1954 to Sept 4, 1954 that I last saw the deceased alive on Sept 4, 1954 and that death occurred at 1:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. McKelley MD 6624-41st Ave Hyatts, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Sept 7, 1954 | NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery | LOCATION (City, town, county) (State): Washington DC

DATE RECD BY LOCAL REG.: 9/7/54 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: F. Greche Sons | ADDRESS: Hyattsville, Md

08649 08693

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 245

Items 8,9,Film G170 9-17-54 et 4709 Longfellow St.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent and Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Maryland
STREET ADDRESS (If rural, give location) 4709 Longfellow St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Lunsford (Last) Myers

4. DATE OF DEATH: (Month) Sept (Day) 7, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 16, 1872

9. AGE last birthday: 82 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Prince William Co. Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Lunsford

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service) — SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Hyattsville Convalescent Home Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Caecum — Interval between onset and death: 8 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to 9-7, 1954, that I last saw the deceased alive on 9-5, 1954 and that death occurred at 9 9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jeanne Hemp M.D. ADDRESS Hyattsville Md DATE SIGNED 9-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9/10/54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor, Md

DATE REC'D BY LOCAL REG. Sept. 9 1954 | REGISTRAR'S SIGNATURE Mrs. Jas. Lavere Deputy C.D.Court | 24. FUNERAL DIRECTOR ADDRESS F. Sasscer Sons Hyattsville, Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08694

08678

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5501 - 57 Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
STREET ADDRESS (If rural give location) 5501 - 57 Ave

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Melling (Last) Nelson

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 29 March 1921

9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife Home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Melling

14. MOTHER'S MAIDEN NAME: Julia Etta Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: No

17. INFORMANT & ADDRESS: Shields P. Nelson 5501 - 57 Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia — Interval Between Onset And Death: 36 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Paralysis and terminal pneumonia — 3 c hrs.
DUE TO (c) Multiple sclerosis — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. ..., 1953, to Sept. 7, 1954, that I last saw the deceased alive on Sept. ..., 1954, and that death occurred at 5 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas J. Mattingly M.D. 2200 R.I. Ave. N.E. Washington 18 D.C. 9 Sept. 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/11/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Washington D. C. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 10, 1954 — REGISTRAR'S SIGNATURE Mrs. Jas. Devere

24. FUNERAL DIRECTOR F. Gasch's Sons — ADDRESS Hyattsville, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08703 CERTIFICATE OF DEATH

08695 Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORESTVILLE
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORESTVILLE MD
STREET ADDRESS (If rural give location) BOX-254-ROUTE I.

3. NAME OF DECEASED: (First) JOHN (Middle) THOMAS (Last) ODEN
4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 3/15/65
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): CHARLES COUNTY, MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE ODEN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: MATILDA T. ODEN — RT-1 BOX-254

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

L42X

Immediate cause (a) DUE TO Congestive heart failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cardiovascular renal disease

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,1950, to Sept. 14, 19 54 that I last saw the deceased alive on Sept 13 1954 and that death occurred at 9 00 am from the causes and on the date stated above.

SIGNATURE James H Boyd (Degree or title) ADDRESS Forestville Md DATE SIGNED 8/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9/16/54 NAME OF CEMETERY OR CREMATORY Church Cemetery LOCATION (City, town, or county) FORESTVILLE (State) MD

DATE REC'D BY LOCAL REGISTRAR Sept. 14 1954 REGISTRAR'S SIGNATURE Edna F. Collins

24. FUNERAL DIRECTOR John I. Rhenert Co. ADDRESS 961-3rd St. S.W. Wash. D.C.

VS. A15

RECEIVED
SEP 20 1954
BUREAU V. S.

MARYLAND 08679

08696
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chorely, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chorely, Maryland
STREET ADDRESS (If rural, give location) 2805 Crest Ave.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (W.M.N.) (Last) Ormsby

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1954

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH SEPT. 23/1874 | 9. AGE last birthday: If under 1 year: Months. Days. If under 24 hrs.: Hours. Min. 79 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL WORKER (RETIRED) | 10b. KIND OF BUSINESS OR INDUSTRY TEXTILE | 11. BIRTHPLACE (State or foreign country) ROCHDALE, ENGLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GEORGE ORMSBY | 14. MOTHER'S MAIDEN NAME BRIDGET COCCRAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO (If year, give war or dates of service) NONE | 16. SOCIAL SECURITY NO. 627-05-2946A | 17. INFORMANT AND ADDRESS MRS. DORIS B. FREMEAU - 2805 CREST AVE. CHORELY MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral Subdural Hematomata, old, liquefied — Interval between onset and death: ??

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Sigmoid Colon — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 1954, to Sep 9, 1954, that I last saw the deceased alive on Sep 9, 1954 and that death occurred at 1:45 p.m. from the causes and on the date stated above.

SIGNATURE Samuel J. Kruger M.D. (Degree or title) ADDRESS Mt Rainier, Md DATE SIGNED Sep 10, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 9/13/1954 | NAME OF CEMETERY OR CREMATORY WESTLAWN CEMETERY | LOCATION (City, Town, or County) LOWELL (State) MASS.

DATE REC'D BY LOCAL REG. 9/11/54 | REGISTRAR'S SIGNATURE Amanda Donner | 24. FUNERAL DIRECTOR W.W. CHAMBERS CO. | ADDRESS RIVERDALE MD

08704

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 0869

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 142

1. PLACE OF DEATH:
COUNTY Prince Georges - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden | LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md - COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glen Arden.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Proctor

4. DATE OF DEATH (Month) 9- (Day) 30 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 1-15-1900 | 9. AGE Last birthday: 54 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Boiler Fireman | 10b. KIND OF BUSINESS OR INDUSTRY: Govt. Service | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Proctor | 14. MOTHER'S MAIDEN NAME: Mary Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Thelma Proctor - Glen Arden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 9-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 9/30/54 | NAME OF CEMETERY OR CREMATORY 4925 Deane | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 9/30/54 | REGISTRAR'S SIGNATURE Amanda Downey Carrie F. Campbell. | 24. FUNERAL DIRECTOR H. L. Washington & Sons. | ADDRESS Washington D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 6

BUREAU V. S.

08698

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08680

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural give location) 4704 - Hunan. Ave

3. NAME OF DECEASED: (Type or Print) (First) Ollie (Middle) E (Last) Pruitt

4. DATE OF DEATH: (Month) (Day) (Year) 27 Sept 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 2-1-1909

9. AGE last birthday 45 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ed Pruitt

14. MOTHER'S MAIDEN NAME: Carla Tenley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Evelyn L. Pruitt 4704 Hunan Ave SE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Portal cirhosis due to Chronic — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs.

ANTECEDENT CAUSE (B) DUE TO alcoholism

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1954 to 9/27, 1954 that I last saw the deceased alive on 9/26, 1954, and that death occurred at 12:25 AM, from the causes and on the date stated above.
SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED 9/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF Sept 29-54
NAME OF CEMETERY OR CREMATORY Highland Park
LOCATION (City, town, or county) Danville (State) Va

DATE REC'D BY LOCAL REGISTRAR 9/29/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Simmons Bros
ADDRESS 1661 Good Hope Rd SE and DC

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08705

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08699

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 28 DC | LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5507 Silver Hill Rd SE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 28 DC
STREET ADDRESS (If rural, give location) 5507 Silver Hill Rd SE.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Frances (Last) Purdy

4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1954

5. SEX: Fem | 6. COLOR OR RACE: W S White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: June 30 1890 | 9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Prince Georges | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John R Dustin | 14. MOTHER'S MAIDEN NAME: Alice Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes | 16. SOCIAL SECURITY NO.: no | 17. INFORMANT: Mr W.A. Purdy (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	unknown
	(c) Chronic myocarditis.	4 Mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1954, to Sept 27, 1954, that I last saw the deceased alive on Sept 25, 1954, and that death occurred at 1130 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Paul Van Natta M.D. | 5440 Silver Hill Rd SE Washington 28 DC | Sept 27 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/30/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. Sept 27 1954 | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR W.W. Chambers Co. | ADDRESS 517 11th St SE

08700

MARYLAND 08681

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 5211 Maple Rd. N.E.

3. NAME OF DECEASED (Type or Print) (First) Willie (Middle) (Last) Pyles

4. DATE OF DEATH (Month) Sept (Day) 22 (Year) 1954

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Apr 15 1913

9. AGE Last birthday 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country) Laurens So. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Pyles

14. MOTHER'S MAIDEN NAME Martha Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Rose Gilliams 1327 54th Ave NE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Congestion & Edema. Uremia	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	2 wks.
	(c) Hypertensive Cardiovascular Renal Disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... to ....., that I last saw the deceased alive on ....., and that death occurred at 1:25 P. m., from the causes and on the date stated above.

SIGNATURE V. D. Jasper (Degree or title) MD ADDRESS Upper Marlboro Md DATE SIGNED 9-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 9/25/54 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 9/23/54 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry J Washington Sons | ADDRESS 467 N of NW Wash. DC.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08701

08706

CERTIFICATE OF DEATH

Reg. Dist. No. 2345

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: University Gardens
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7417-25 Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Gardens
STREET ADDRESS (If rural give location): 7417-25th Avenue

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) WILLIAM (Last) RIDGELY

4. DATE OF DEATH: (Month) Sept (Day) 4. (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Feb 3. 1903

9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive

10B. KIND OF BUSINESS OR INDUSTRY: National Bureau of Standards

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George S Ridgely

14. MOTHER'S MAIDEN NAME: Mary Catherine Birley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: George Ridgely 1842C 41st St S.E. Washington D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	3 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Mural Thrombus (endocardial)	3 months
	DUE TO (C) Myocardial infarction (healing)	3 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to 4 Sept, 1954, that I last saw the deceased alive on 4 Sept 1954, and that death occurred at 9.30 PM, from the causes and on the date stated above.

SIGNATURE Leon L Golin
ADDRESS M.D. 3527-34th St NW Washington DC
DATE SIGNED 9/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept 7. 1954
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 5 1954
REGISTRAR'S SIGNATURE: Mrs. Jas Lavere Deputy Local Reg.
24. FUNERAL DIRECTOR: J. Charles Sons
ADDRESS: Hyattsville Md.

SEP 8
BUREAU V. S.

08707

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08702

CERTIFICATE OF DEATH

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hgts; LENGTH OF STAY (in this place) 27 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5716 Jost St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hgts md; STREET ADDRESS (If rural, give location) 5716 Jost St.

3. NAME OF DECEASED (Type or Print): (First) DOROTHY; (Middle) HALL; (Last) SCOTT

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 19 57

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 15, 1896

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fredrick Hall.

14. MOTHER'S MAIDEN NAME: Jennie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Andrea A. Scott Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Hypertension Cardio-vascular Disease

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 19 57, to Sept 16 19 57, that I last saw the deceased alive on Sept 14, 19 57 and that death occurred at 1 01000 m., from the causes and on the date stated above.

SIGNATURE H E Beldon (Degree or title) MD ADDRESS 4423 Hunt Pl. NE DATE SIGNED 9-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 9/16/54; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 9/16/54; REGISTRAR'S SIGNATURE Amanda Downey Carrie F. Campbell.

24. FUNERAL DIRECTOR Hoffman Funeral Home; ADDRESS Washington, D.C.

SEP 22 1954
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08703

08641

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4804 Greenbelt Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 4804 Greenbelt Road

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) T. (Last) Shanklin

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 17, 1891

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank Palmer

14. MOTHER'S MAIDEN NAME: Virginia Keefer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-32-2601

17. INFORMANT & ADDRESS: R. W. Shanklin 4804 Greenbelt Road College Park, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pernicious Anemia, Hypertensive Enlargement DUE TO (c) of Heart Congestive Heart Failure.

Interval Between Onset And Death: 30 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... 19... to ... 19..., that I last saw the deceased alive on ... 19..., and that death occurred at 2 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 1, 1954 — NAME OF CEMETERY OR CREMATORY Moreland Memorial Park — LOCATION (City, town, or county) (State) Baltimore Co., Maryland

DATE REC'D BY LOCAL REGISTRAR 9-29-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Burgee Funeral Home — ADDRESS 3631 Falls Road

Horace F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08704

08674

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5606-Carter Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. Riverdale
STREET ADDRESS (If rural give location) 5606 - Carters Lane

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Edward (Last) Simmons

4. DATE OF DEATH: (Month) (Day) (Year) 9 - 22 - 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 31, 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months; IF UNDER 24 HRS.: Days, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab driver

10B. KIND OF BUSINESS OR INDUSTRY: Owner of Cab

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles D. Simmons

14. MOTHER'S MAIDEN NAME: Clara V. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Josephine Simmons, Wife 5606-Carter La. E Riverdale, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerosis — 2 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1954 to Sept 22, 1954, that I last saw the deceased alive on Sept. 22, 1954., and that death occurred at 5.4. M, from the causes and on the date stated above.

SIGNATURE Eugene Ole — ADDRESS M.D. 639 E Capitol D.C. — DATE SIGNED Sept 22 '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/25/54 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Pr Georges Md.

DATE REC'D BY LOCAL REGISTRAR Sept 24 1954 — REGISTRAR'S SIGNATURE Mrs - Jas Sawyer Deputy Registrar

24. FUNERAL DIRECTOR Eaton Funeral Home, Inc. — ADDRESS 3200 - R.I. Ave. Mt. Rainier, Md.

SEP
BUREAU V. S.

08708

08705 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Friendly
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8040 Allentown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Friendly
STREET ADDRESS (If rural give location) 8040 Allentown Rd

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Heathman (Last) Smith

4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 22, 1876

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Aaron E. Heathman

14. MOTHER'S MAIDEN NAME: Victoria Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ophelia Ransome, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Floyd M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 9/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 9-18-54 — NAME OF CEMETERY OR CREMATORY Mt. Moriah Pisc. — LOCATION (City, town, or county) (State) Washington Co. Md. Prince G. Co.

DATE REC'D BY LOCAL REG. Sept. 15 1954 — REGISTRAR'S SIGNATURE Edna F. Gillis

24. FUNERAL DIRECTOR — ADDRESS James & Matthews 614-4th St. S.E.

SEP 20 1...
BUREAU V. S.

Item 18 Film G172 10-28-54 ams

08706

MARYLAND

08709

STATE DEPARTMETT OF HEALTH

230

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park | LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4016 Beechwood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park, Md
STREET ADDRESS (If rural, give location) 4016 Beechwood Rd.

3. NAME OF DECEASED (Type or Print): (First) ERNESTINE (Middle) BLAND (Last) SNYDER

4. DATE OF DEATH: (Month) Sept (Day) 21. (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan 3. 1908 | 9. AGE last birthday: 46 yrs. | If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kentucky | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Bland

14. MOTHER'S MAIDEN NAME: Minnie Elmett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Herbert Snyder, University Park, Md;

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval between onset and death: 9 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site, Breast, left

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1954, to 20 Sept, 1954, that I last saw the deceased alive on 20 Sept, 1954, and that death occurred at 2:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert C Hale M.D. | 35 N Y Ave N W Wash D.C. | 21 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE: 9/21/54 | NAME OF CEMETERY OR CREMATORY: Chapel Cemetery | LOCATION (City, town, or county) (State): Indiana

DATE REC'D BY LOCAL REG.: Sept 21 1954 | REGISTRAR'S SIGNATURE: John L. Smith | 24. FUNERAL DIRECTOR | ADDRESS: F. Gosch Sons Hyattsville Md

AU V. S.

MARYLAND 08653

08707

STATE DEPARTMIETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2345

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (In this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8100 - HAMMOND AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE FLORIDA — COUNTY Pinellas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLEARWATER
STREET ADDRESS (If rural, give location) 100 N. ORION ST.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) HANSEL (Last) SOUDER

4. DATE OF DEATH: (Month) SEPT. (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: FEB. 26, 1886

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED PEPCO EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY: POTOMAC ELECTRIC POWER CO.

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH A. SOUDER

14. MOTHER'S MAIDEN NAME: DORA C. RECKWEC

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. LILLIE SOUDER 8100 - HAMMOND AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Adeno Carcinoma Lung — Interval Between Onset and Death: undetermined

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Adeno Carcinoma Rectum — Interval Between Onset and Death: 11

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 13, 1954

19b. MAJOR FINDINGS OF OPERATION: multiple Carcinomatosis

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1954, to Sept. 6, 1954, that I last saw the deceased alive on Aug. 28, 1954, and that death occurred at 9:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leukey E. Stone Md — ADDRESS 3417 Minnesota Ave SE. D.C. — DATE SIGNED 9-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 9, 1954 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George's Co. Md.

DATE REC'D BY LOCAL REG. Sept 8 1954 — REGISTRAR'S SIGNATURE Mrs - Jas Devere (Deputy Local)

24. FUNERAL DIRECTOR: S. H. Hines Co. — ADDRESS 2901-14th St. N.W. WASH. D.C.

MARGIN RESERVED FOR BINDING

SEP 9 1954

08710

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08708

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George's Co. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendly
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo's. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): 7805- Allentown Road S. E. Wash. 22

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) HELEN (Last) STEED

4. DATE OF DEATH: (Month) Sept. (Day) 29th. (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 21st 1870

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pr. Geo's. Co. Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John J. R. Steed

14. MOTHER'S MAIDEN NAME: Mary P. Edelen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Robert E. Steed 7805- Allentown Rd. S. E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1954, to Sept. 29 1954, that I last saw the deceased alive on Sept. 29 1954, and that death occurred at 3 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James D Boyd M.D. Forestville Md 9/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 1st 1954

NAME OF CEMETERY OR CREMATORY: Steed Family Cemetery

LOCATION (City, town, or county) (State): 7805- Allentown Road S. E. Md.

DATE REC'D BY LOCAL REG.: Sept 30-54

REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR: Simmons Brothers

ADDRESS: 1661 Good Hope Rd SE Wash DC

OCT 6

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08709

08682

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 3721 - 36th St

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) Teresa (Last) Feinmetz

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH. 5-28-1913.
9. AGE last birthday 41 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office wife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Agostino De Maggio
14. MOTHER'S MAIDEN NAME: Felomena Russillo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT & ADDRESS: Mrs J Owen Taylor Annapolis Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSE (S) DUE TO Atrophic Type

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 1954, to 9/24, 1954, that I last saw the deceased alive on 9/24, 1954, and that death occurred at 2 45 P M, from the causes and on the date stated above.

SIGNATURE Thomas Dent Owen M.D. ADDRESS 3503 Perry St. Mt Rainier Md. DATE SIGNED 9 IV 41133

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 9-27-54 | NAME OF CEMETERY OR CREMATORY Lt Mayo | LOCATION (City, town, or county) (State) Annapolis Md

DATE REC'D BY LOCAL REGISTRAR Sept. 26, 1954 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR John M. Layton Sons ADDRESS Annapolis Md.

9/22/54

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08711

08711

CERTIFICATE OF DEATH

Reg. Dist. No. 2045

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelphia Hyattsville P.O. | LENGTH OF STAY (in this place) 4 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 9000 Riggs Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelphi, Hyattsville P.O.

STREET ADDRESS (If rural, give location) 9000 Riggs Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
LULA	GERTRUDE	SULLIVAN	Sept. 30th, 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 16th, 1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Weldon, N.C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	none	John L. Sullivan, 5815--3rd St.N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
416X Immediate cause	(a) Heart failure - Acute cardiac arrest	5 minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiac Arrythmia	2 years
DUE TO		
	(c) Rheumatic Heart Disease	40 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from August, 1954, to Sept., 1954, that I last saw the deceased alive on Sept. 29, 1954, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Adam A. Bucci, J. M. D.		5533 Riggs Rd N.E. D.C.	Sept 30, 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	OCT 2. 1954	JACKSON	PLYMOUTH N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 1 1954	Mrs. Jas. Deseree Deputy Registrar	W.W.Chambers Company, Riverdale, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 4
BUREAU V. S.

08712 08711

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Water Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) A. (Last) Sweeney

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 19 54.

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mutual Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Horse Race Track

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James A. Sweeney

14. MOTHER'S MAIDEN NAME: Christine Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sarah U. Sweeney (Wife) Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic C.V. disease — Unk.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 19 52, to 3 Sept., 19 54, that I last saw the deceased alive on 3 Sept., 19 54, and that death occurred at 1.30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] M.D. Upper Marlboro Md. 5 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/6/54

NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery

LOCATION (City, town, or county) (State) Upper Marlboro Md.

DATE REC'D BY LOCAL REG. Sept 5 1954

REGISTRAR'S SIGNATURE John F Danner

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

RECEIVED
SEP 8 1934
BUREAU V. S.

08712

MARYLAND 08683

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor, Md.
STREET ADDRESS (If rural, give location) 3408 41st Ave.

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) C (Last) Tackitt

4. DATE OF DEATH (Month) Sept. (Day) 9, (Year) 19 54

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 18, 1895

9. AGE last birthday 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler Maker

10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy yard

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John C. Tackitt

14. MOTHER'S MAIDEN NAME Rhoda Fleck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease and Arteriosclerosis of Renal Vessels	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	3 years
	(c) Diabetes Mellitus	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3 1954, to 9/9, 1954, that I last saw the deceased alive on 9/8, 1954, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Norman David Cowan M.D. 3503 Perry St Mt Rainier Md Jun 4 1123

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9/13/54 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) (State) Arlington Virginia.

DATE REC'D BY LOCAL REG. Sept 13, 1954 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland.

08713

MARYLAND 08684

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston.
STREET ADDRESS (If rural, give location) 5115 Decatur ST.

3. NAME OF DECEASED (Type or Print) (First) Goldie (Middle) May (Last) Taylor

4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1954

5. SEX Fe

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Feb. 25, 1887

9. AGE last birthday 67 yrs. If under 1 year Months. Days. If under 24 hrs Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Acomac Co, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Columbus Taylor

14. MOTHER'S MAIDEN NAME Ida Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Sister / Edna Keyser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast with metastases

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..

(c) ..

INTERVAL BETWEEN ONSET AND DEATH 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mentally retarded.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from aug 2 19 54, to Sept 13 19 54, that I last saw the deceased alive on Sept 13 19 54 and that death occurred at 2 44 m., from the causes and on the date stated above.

SIGNATURE L W Malin (Degree or title) MD ADDRESS Riverdale md DATE SIGNED 9-13-54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE SEPT 16, 1954

NAME OF CEMETERY OR CREMATORY OAK LAWN

LOCATION (City, town, or county) COLGATE MD (State)

DATE REC'D BY LOCAL REG. 9-14-54

REGISTRAR'S SIGNATURE Lew Jeffries

24. FUNERAL DIRECTOR ULRICH FUNERAL HOME ADDRESS 4210 BELAIR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08713

CERTIFICATE OF DEATH

08714

Reg. Dist. No. 642

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park; LENGTH OF STAY (in this place) 1; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park Md.; STREET ADDRESS (If rural give location) 103-65 ST.

3. NAME OF DECEASED. (Type or Print) (First) OLIVER (Middle) H. (Last) TENSETH

4. DATE OF DEATH: (Month) SEPT. (Day) 25 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY-28-1917

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Gov.

11. BIRTHPLACE (State or foreign country): WISCONSIN

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: OLE TENSETH

14. MOTHER'S MAIDEN NAME: LOUISE HOFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Marvel Tenseth 103-65 St Maryland Park Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: A Days 5+

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Sept 1954, to 25 Sept 1954, that I last saw the deceased alive on 25 Sept 1954, and that death occurred at 11:45 P. M, from the causes and on the date stated above.

SIGNATURE Irvin DiTraglia M. D. ADDRESS 4400 Baltimore Rd SE. DATE SIGNED 9/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9-29-54 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 26-54 — REGISTRAR'S SIGNATURE: Carrie J. Campbell

24. FUNERAL DIRECTOR: J. W. McLees Son Co. ADDRESS: 300-4 28th St N.E. Washington D. C.

SEP
BUREAU V. S.

09713

MARYLAND 08685

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George. MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year) 23 Sept 1954

5. SEX Male

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 23 Sept 54

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Thompson

14. MOTHER'S MAIDEN NAME Agnes Tolson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1954, to 9/23, 1954, that I last saw the deceased alive on 9/23, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE 10/10/54

NAME OF CEMETERY OR CREMATORY Prince George Gen Hosp

LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 10/2/54

REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR Harry A Penn

ADDRESS Capitol

08714 08715

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Md
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 918 Maple Avenue,.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie Md.
STREET ADDRESS (If rural, give location) 918 Maple Avenue,.

3. NAME OF DECEASED: (Type or Print) (First) Clement (Middle) Hill (Last) Tydings Sr.

4. DATE OF DEATH (Month) Sept (Day) 26, (Year) 19 54.

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 6, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John R. Tydings

14. MOTHER'S MAIDEN NAME: Alice Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Florence Gertrude Tydings Bowie, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Chronic valvular heart disease

DUE TO

(c) Chronic endocarditis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic rheumatic arthritis.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 9-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept 29, 1954

NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

LOCATION (City, town, or county) (State) Colmar Manor, Maryland.

DATE REC'D BY LOCAL REG. Sept. 28, 1954

REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Maryland.

OCT 5 1974

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08717

08642

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (in this place) 5 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4316 Hartwick, Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park,
STREET ADDRESS (If rural give location) 4316 Hartwick Road

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) BOYLE (Last) Veitch

4. DATE OF DEATH: (Month) Sept (Day) 4, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 9, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Kent Boyle

14. MOTHER'S MAIDEN NAME: Elizabeth Veitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO —

17. INFORMANT & ADDRESS: Caroline Stabler Spencerville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
112.0 IMMEDIATE CAUSE	(A) Pyelonephritis	3 weeks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) General Debility	
	DUE TO (C) Rheumatoid Arthritis	10+ yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950 to 9-4, 1954 that I last saw the deceased alive on 9-1, 1954, and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE Waldo B. Moyers M. D. ADDRESS Mt. Rainier Md DATE SIGNED 9-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept 7, 1954 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 6 1954 | REGISTRAR'S SIGNATURE John D. Donatti | 24. FUNERAL DIRECTOR & ADDRESS J. Gasch & Son Hyattsville, Md

RECEIVED
SEP 10 1954
BUREAU V. S.

08687

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08718

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Suitland
STREET ADDRESS (If rural, give location) 6107 - Allentown Rd.

3. NAME OF DECEASED: (Type or Print) (First) Alberta (Middle) (Last) White

4. DATE OF DEATH (Month) (Day) (Year) 9 - 3 - 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: June 19, 1923

9. AGE last birthday: 31 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earnest White

14. MOTHER'S MAIDEN NAME: Rosa Holle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert White - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Shock — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Post-partem hemorrhage

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 9-3-54

BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 9-3-54

NAME OF CEMETERY OR CREMATORY Barnes & Matthews Funeral Home

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 9-3-54

REGISTRAR'S SIGNATURE Amanda Denney

24. FUNERAL DIRECTOR Barnes & Matthews

ADDRESS 614-4th St. S.W. Washington D.C.

09728

MARYLAND 08686

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place) 22 hrs 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1204 Lebanon St.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Whiteman

4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 54

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 9-11-54 | 9. AGE last birthday yrs. | If under 1 year Months. Days | If under 24 hrs. Hours 22 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Whiteman.

14. MOTHER'S MAIDEN NAME Patricia A. Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature - Respiratory Collapse

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Separation of Placenta

(c) traumatic, accidental 5½ mo

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11 1954, to 9/12 1954, that I last saw the deceased alive on 9/12 1954, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 3107-28th Ave Hyattsville Md 9/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 11/18/54 | NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp | LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REG. 11/2/54 | REGISTRAR'S SIGNATURE Amanda Sawyer | 24. FUNERAL DIRECTOR Harry G Penn ADDRESS Hyatt

MARGIN RESERVED FOR BINDING

08715

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08719

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suitland Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 4706 Hamilton Street

3. NAME OF DECEASED (Type or Print): (First) MATTIE (Middle) V. (Last) WHITNEY

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/4/1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Clerk for Red Cross

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles W. Irey

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Sandys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Frank Whitney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal pneumonia	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular accident	1 month
	(c) Diabetes Mellitus	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1954, to Sept 20, 1954, that I last saw the deceased alive on Sept 19, 1954, and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS 1833 - Monroe St. NE DATE SIGNED 9/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial; DATE THEREOF: 9/22/54; NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery; LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: Sept 20 1954; REGISTRAR'S SIGNATURE: Carrie L. Campbell; 24. FUNERAL DIRECTOR: Ulrich Hines Co; ADDRESS: 2901 14th St. NW DC

VS. A15

SEP 4 1 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(08720)

tem 19a Film 3?? 10-18-54ams

08685

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Pr. Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 9 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pr. Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hills
STREET ADDRESS (If rural give location) 306 - 73rd. St

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year) 30 Sept 1954

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7eb 10-1901

9. AGE last birthday 53. yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardio Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Cerebral Embolus. — 0

DUE TO (C) Thoracic Surg. — 48 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Pul. Emphysema. — 5 yrs

19A DATE OF OPERATION: 28 Sept

19B. MAJOR FINDINGS OF OPERATION: Bullous Emphysema, Excision

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept 1954 to 30 Sept 1954, that I last saw the deceased alive on 30 Sept 1954, and that death occurred at 5:00 P M, from the causes and on the date stated above.

SIGNATURE John Kelso M.D. ADDRESS Cheverly DATE SIGNED 9/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/4/54 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln — LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/1/54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: J. Wm. Lee Ins. Co. — ADDRESS: 300-4th St. N.E. Wash. D.C.

VS. A15—10

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

08721

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08650 **CERTIFICATE OF DEATH** Reg. Dist. No. 2H5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH:
COUNTY Prince Geo MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Wilson

4. DATE OF DEATH (Month) (Day) (Year) Sept 22 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Sept 1. 1874 | 9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk | 10B. KIND OF BUSINESS OR INDUSTRY: Wash. Hotel | 11. BIRTHPLACE (State or foreign country): Virginia. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Carrico

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-01-0034

17. INFORMANT & ADDRESS: Edward A Wilson 2208 Queens Chapel Rd. Wash 18.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of the colon with metasta- DUE TO sis — INTERVAL BETWEEN ONSET AND DEATH: one and one half years

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1954 to Sept. 21, 1954, that I last saw the deceased alive on Sept 30, 1954 and that death occurred at 7.45 A M, from the causes and on the date stated above.

SIGNATURE Thomas F Collins M. D. ADDRESS 322 H St. N.E. Wash 2. C DATE SIGNED 9/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9-25-54 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cem. | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 27 1954 | REGISTRAR'S SIGNATURE Mrs Jas. Duvall (Deputy) | 24 FUNERAL DIRECTOR William Leis Son ADDRESS 300 4th. St N.E. Wash. DC

SEP 24
BUREAU V. S.

08689 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08722

Items 8,9: film G170a 10-5-54 L

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. | LENGTH OF STAY (In this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wayside / Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WHITE (Middle) Samuel (Last) Wise

4. DATE OF DEATH: (Month) Sept. (Day) 30, (Year) 19 54

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH June 13, 1890 | 9. AGE last birthday 64 6/6/1 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): ? | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4 IMMEDIATE CAUSE	(A) Acute coronary thrombosis	10 min.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Coronary thrombosis (chronic)	2 wks.
	DUE TO	
	(C) arteriosclerotic heart disease	3 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17.., 1954, to 9-30., 1954, that I last saw the deceased alive on 9-30, 1954, and that death occurred at 1 P.M, from the causes and on the date stated above.

SIGNATURE R.D. Bowers M. D. ADDRESS Hyattsville Md. DATE SIGNED 9/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Bur | DATE THEREOF Oct 3/54 | NAME OF CEMETERY OR CREMATORY Morgantown Baptist | LOCATION (City, town, or county) (State) Morgantown Md.

DATE REC'D BY LOCAL REGISTRAR 9/30/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR James Fox | ADDRESS D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 4
BUREAU V. A.

08716

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08724

Reg. Dist. No. 242

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R#1 Forestville; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 186 upper marlboro, md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro R; STREET ADDRESS (If rural, give location) R#1. Box 186 Forestville.

3. NAME OF DECEASED (Type or Print): (First) Jeremiah (Middle) F (Last) Wood.

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct 14 1888

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Prince Georges Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Enoch Wood.

14. MOTHER'S MAIDEN NAME: (unknown) Beall.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Lena Wood (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Decompensation	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart disease	6 mo.
	(c) General Arteriosclerosis	Unknown

H 20.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis left side - after cebral Hemorrhage 3 yr.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Natural Causes; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1941, to Sept 28, 1954, that I last saw the deceased alive on Sept 26, 1954, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul Evan Matte M.D.	Washington 28 DC	Sept 28 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 30-54	Cedar Hill	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 28-1954	Edna F. Collins	Simmons Bros.	1661 Good Hope Rd Wash. D.C. 54

RECEIVED
OCT 4 1954
BUREAU V. S.

08690 08725

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly. LENGTH OF STAY (in this place) Dod.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1830 Plymouth Street

3. NAME OF DECEASED: (Type or Print) (First) Salary (Middle) (Last) Younger

4. DATE OF DEATH (Month) (Day) (Year) 9 - 19 - 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 3-28-28

9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Edward Younger

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Estelle Younger - 713 N. Carey St. Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Hemorrhage and shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Crushed chest & pelvis and lacerated

DUE TO

(c) liver.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street

21c. (City or Town) (County) (State) Near Laurel Pr. Geo. Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9 - 19 - 54 9:00 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Collision between 2 automobiles

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/23/54

NAME OF CEMETERY OR CREMATORY Mt. Calvery

LOCATION (City, town, or county) (State) Ann Arundel Md.

DATE REC'D BY LOCAL REG. 9/20/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Wilson Funeral Home

ADDRESS Baltimore Md.

RECEIVED
SEP 22 1954
BUREAU V. S.